Department of Labor & Industries Apprenticeship Section PO Box 44530 Olympia WA 98504-4530



APPLICATION FOR APPRENTICESHIP

App #	(do not	fill in)	
Date:			
	/	/	

Apprenticeship occupation a	applying for:	Name of Appro	enticeship Program	,	,			
Applicants name Social Security No. (for ID only)								
Address			Date of Birth	Phone number	Phone number			
City State				Zip	Zip			
Military status Non-vet Vietnam era v Race: (Select one or more) (If Asian Black or African	"Not Elsewhere Classi	Vietnam era vet		Ethnic Group: (ch	pose one)			
White Native Hawaiian Pacific Islander Not Elsewhere Classified				Not of Hispanic O	rigin			
Current education level: 8th grade or less 9th - 12th GED High School College or greater								
APPLICANT'S SCHOOL EXPERIENCE RECORD								
High No. of yrs	Date finished / /	Name of School		City	State			
Additional No. of yrs Schooling	Date finished / /	Name of School		City	State			
APPLICANT'S WORK EXPERIENCE								
List the name & address of	each employer for w			esent employer in the first space.	Number of			
Firm name & address		Natur	e of work done	Date of employment	months			
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Date Applicant's legal signature								
RECORD OF ACTION TAKEN BY COMMITTEE (use additional pages if needed)								
Date of Aptitude Test	Result Date	application accepted /	Date Rejected / /	Date rejection letter mailed / /				
Reason for rejection:								
Remarks:								